

## S.M.A.R.T.

**Request Form Phone:** 716-858-7101 **Fax:** 716-858-7121

| TODAY'S DATE                 |                          |                   |                     |  |
|------------------------------|--------------------------|-------------------|---------------------|--|
| ORGANIZATION                 | N:                       |                   |                     |  |
| ADDRESS:                     |                          |                   |                     |  |
| TELEPHONE:                   |                          | EMAIL:            |                     |  |
| DATE S.M.A.R.T.              | REQUESTED:               | TIM               | Æ:                  |  |
| LOCATION OF I                | EVENT:                   |                   |                     |  |
| DESCRIPTION C                | OF EVENT:                |                   |                     |  |
| PURPOSE:                     | ( ) Responder A          | wareness          | ) Community Service |  |
| REQUESTING:                  |                          |                   |                     |  |
| ( ) Inform                   | nation and Demonstra     | ation of Services |                     |  |
| ( ) Medic                    | cal Support              |                   |                     |  |
|                              |                          | (Specify)         |                     |  |
| <b>Print</b> (Name of Person | n Requesting S.M.A.R.T.) | Signature         |                     |  |
| *******                      | ********                 | *********         | **********          |  |
| APPROVED                     | DENIED                   | Reason:           |                     |  |
| Print (S.M.A.R.T.            | Administration)          | Signature         | Date                |  |
| Date Party Notifie           | ed of Decision:          |                   |                     |  |